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2 Jun 2013 , 15:32 PM #101

QuidSapio
Thinker

Join Date: 19 Apr 2013
Posts: 219
Threads: 2
Thanked 769 Times in 194 Posts

Re: The Alleged Medical Witnesses

worth watching this right through...

One ambulance arrives (ONE) about fifteen minutes after the blasts.
Seven golf carts. Uncountable wheelchairs. ONE ambulance.
What prevented them turning up? If golf carts could get there why not ambulances?
What was unique about the one that made it? Who was put in it and where did it go?

Quote

The Following 3 Users [joanneatom](#), [notsure](#), [pinewood](#) Say Thank You to QuidSapio For This Useful Post:

2 Jun 2013 , 16:33 PM #102

notsure
Reader

Join Date: 16 May 2013
Posts: 35
Threads: 2
Thanked 64 Times in 26 Posts

Re: The Alleged Medical Witnesses

I'm watching this video like 🙄
so much uncut footage.
10 time thanks.

Who writes this stuff?

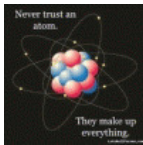
Quote

The Following User **joanneatom**
Says Thank You to
notsure For This Useful
Post:

2 Jun 2013 , 17:11 PM

#10:

joanneatom
Free Mind



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361
Times in 840 Posts



Re: The Alleged Medical Witnesses

More mysteries of the medical tent.

This is the first photo I have been able to find that clearly shows the two tents. It was taken the day after the marathon.



Source: www.flickr.com (bostonphotospere stream)

To recap, as far as I understand it there were two tents. One was used as a medical tent, whilst the other was used as a post race meeting tent for the athletes/runners. The blast occurred, and the meeting tent was then commandeered for medical purposes. One was used to treat the severely injured, whilst the other was used for people with non life threatening injuries. To this day I have been unable to find out which was which. Does anybody else have any insight on this matter? It would make sense to use the tent that was nearest the 'blast' as the one for the seriously injured - but I can't get confirmation on this anywhere. A lot of the pictures have contradictory elements to them like the numbering, from Quidsaipo's post here: <http://letsrollforums.com/showpost.p...0&postcount=82>

We have known all along that there were two tents, which may go some way in explaining the ambiguities in the photographs - ergo, the images were taken in two separate tents. I'd like to get a better handle the tent issues. Quidsaipo has put forward a theory that the tent(s) were used to separate the fake victims from the rest of the scene. There is mounting evidence to support this hypothesis and out of all the theories I heard re the tent, it is also the most likely, imo. Simple, but effective.

This is another picture taken after the event, containing something I have yet to see in the other photos.



Source: <http://www.wvlp.com/dpp/news/massach...de-a-differenc>

There was a canvassed corridor leading out of the tent with it's entrance just inside the tent itself. Does anyone know what it might of been used for? The reason I ask is that corridor would of been extremely useful for getting actors out unseen. I think the tents would of been a crucial element to the entire hoax, and If we could understand them a little more in terms of layout/positioning etc, it would be a lot easier to disprove the official narrative.

(nb about to watch video now)

..Never trust an atom...they make up everything....



The Following 2 Users **felixfelix, QuidSapio**
Say Thank You to
joanneatom For This
Useful Post:

2 Jun 2013 ,
17:22 PM

#104

felixfelix
Writer

Re: The Alleged Medical Witnesses

Join Date: 21
Apr 2013

Posts: 493

Threads: 2

Thanked 1,117
Times in 426
Posts



A key perp missing here is Richard Wolfe of Beth Israel.

seen in the video here, describing how none of the 24 patients had died, and 7 had been released already, wound being primarily shrapnel injuries
<http://www.nydailynews.com/news/nati...icle-1.1317909>

Video:
<http://landing.newsinc.com/shared/vi...s&VID=24741271>

Wolfe was also central to the Tsarnaev wounds narrative:

Twenty six-year-old Tamerlan Tsarnaev was critically injured in a shootout with police and taken to **Beth Israel Deaconess Medical Center**, where he arrived with multiple traumatic injuries at about 1:20 a.m., according to the hospital's ED chief Richard Wolfe.

- [4:30 p.m. update: Doctor describes efforts to save bombing suspect](#)

"It was more than gunshot wounds," Wolfe said early on Friday, with Tamerlan Tsarnaev's injuries also consistent with exploding shrapnel. (Reports indicate that he may have had a homemade bomb strapped to his body, according to the *New York Times*.) Tamerlan Tsarnaev was pronounced dead at 1:35 a.m.

<http://www.advisory.com/Daily-Briefi...mber-continues>

Wolfe described the hospital's treatment as the smoothest handling of mass casualties of his career. Mmmmm.

<http://www.newyorker.com/online/blog...ere-ready.html>

April 17, 2013

Why Boston's Hospitals Were ReadyPosted by [Atul Gawande](#)



The bombs at the Boston Marathon were designed to maim and kill, and they did. Three people died within the first moments of the blast. More than a hundred and seventy people were injured. They had their limbs blown off, vital arteries severed, bones fractured, flesh torn open by shrapnel or scorched by the blasts' heat. Yet it now appears that every one of the wounded alive when rescuers reached them will survive.

Medically speaking, this is no small accomplishment. We've seen bombs like this in the battlefields of the Middle East, but rarely in cities like Boston. In the past century of wartime conflict, explosive devices have escalated to become the predominant cause of military casualties. Among American personnel wounded in our wars in Iraq and Afghanistan, they have accounted for [three-quarters of injuries](#); gunshot wounds for just twenty per cent. It has been an historic accomplishment for military medical units to bring case-fatality rates from such injuries down from twenty-five per cent in previous conflicts to [ten per cent today](#). And [according to data from the Israeli National Trauma Registry](#), explosives used in terror attacks have tended to be three times deadlier than those used in war—because civilians don't have armor, because victims span a wider range of age and health, and because preparedness tends to be less systematic. Nonetheless, in Boston, they survived.

How did this happen? Something more significant occurred than professionals merely adhering to smart policies and procedures. What we saw unfold was the cultural legacy of the September 11th attacks and all that has followed in the decade-plus since. We are not innocents anymore.

The explosions took place at 2:50 P.M., twelve seconds apart. Medical personnel manning the runners' first-aid tent swiftly converted it into a mass-casualty triage unit. Emergency medical teams mobilized en masse from around the city, resuscitated the injured, and somehow dispersed them to eight different hospitals in minutes, despite chaos and snarled traffic.

My hospital, the Brigham and Women's Hospital, received thirty-one victims, twenty-eight of them with significant injuries. **Seven arrived nearly at once, starting at 3:08 P.M. All required emergency surgery. The first to go to surgery—a patient in shock, hemorrhaging profusely, with inadequate breathing and a near-completely severed leg—was resuscitated and on an operating table by 3:25 P.M., just thirty-five minutes after the blast. The rest followed, one after the other, spaced by just minutes. Twelve patients in all would undergo surgery—mostly vascular and orthopedic procedures—before the evening was done.**

This kind of orchestration happened [all across the city](#). Massachusetts General Hospital also received thirty-one victims—at least four of whom required amputations. Boston Medical Center received twenty-three victims. Beth Israel Deaconess Medical Center handled twenty-one. Boston Children's Hospital took in ten children, ages two to twelve. Tufts Medical Center and St. Elizabeth's Medical Center each treated eighteen victims. One emergency physician told me he'd never heard so many ambulance sirens before in his life.

There's a way such events are supposed to work. Each hospital has an incident commander who coordinates the clearing of emergency bays and hospital beds to open capacity, the mobilization of clinical staff and medical equipment for treatment, and communication with the city's emergency command center. At my hospital, **Stanley Ashley, a general surgeon and our chief medical officer**, was that person. I talked to him after the event—I had been out of the city at the time of the explosions—and he told me that no sooner had he set up his command post and begun making phone calls than the first wave of victims arrived.

Everything happened too fast for any ritualized plan to accommodate.

So what did you do, I asked him.

"I mostly let people do their jobs," he said. He never needed to call anyone. Around a hundred nurses, doctors, X-ray staff, transport staff, you name it showed up as soon as they heard the news. They wanted to help, and they knew how. As one colleague put it, they did on a large scale what they knew how to do on a small scale. They broke up into teams of six or so people, one trauma team for each patient. A senior nurse and physician stood at the door to the ambulance bay triaging the patients going to the teams. The operating-room director handled triage to, and communication with, the operating rooms. Another staff member saw the need for a traffic cop and began shooing extra clinicians into the waiting room, where they could stand by to be called upon.

Richard Wolfe, the chief of the emergency department at Beth Israel Deaconess Medical Center, told me he had much the same experience there. Of twenty-one casualties, seventeen were serious and seven required emergency surgery. **One patient came in with both legs almost completely amputated already. Another's leg was too mangled to save. Numerous victims had open, bleeding wounds, with shrapnel and shards of fractured bone. One had a lung injury from the blast. Another was burned on over thirty per cent of the body. One had to have an eye removed. Wolfe arrived in the emergency department expecting to take charge of assigning everyone responsibilities.**

"But everybody spontaneously knew the dance moves," he said. He didn't have to tell people much of what to do at all.

I spoke to **Deb Mulloy**, the nurse in charge of our operating rooms that afternoon, and a few of the other nursing leaders to find out how they knew the dance moves. **Mulloy began mobilizing as soon as she saw the news flash onto a television screen.** Others learned through Twitter, text messages, smartphone news apps. They all began to act before the alarm had been sounded.

"We just knew this was real," Mulloy said, "and a lot of people could be hurt."

Change of nursing shift is at three o'clock. So she immediately notified the day shift to stay on. No one wanted to leave, anyway. This doubled the available staff.

The nurses put all scheduled surgery on hold and began readying eight rooms. They ordered equipment trays for vascular and orthopedic procedures to be brought up from stock supply. They called an orthopedics-manufacturer representative for extra hardware to be mobilized. They got in touch with the blood bank, which was already securing blood from other states. They communicated with other operating rooms around the city to make sure they had enough supplies of equipment, too.

How did they know to get eight rooms ready, I asked. And how did they know to get them ready for vascular and orthopedic procedures? "Did someone tell you?"

"No," said **Brenda McKonley**, one of the senior nurse leaders. She just saw the descriptions of the explosion like everyone else, made a surmise about the injuries, and recognized that they needed to get as many rooms ready as they could. To be on the safe side, the staff also got equipment for one room to be ready for a neurosurgical injury and another for a thoracic injury. But as word filtered down from the emergency department, it became clear that their original surmise was correct. **All eight rooms would be required, and nearly all the cases involved vascular and orthopedic injuries.**

Talking to people about that day, I was struck by how ready and almost rehearsed they were for this event. A decade earlier, nothing approaching their level of collaboration and efficiency would have occurred. We have, as one colleague put it to me, replaced our pre-9/11 naïveté with post-9/11 sobriety. Where before we'd have been struck dumb with shock about such events, now we are almost calculating about them. When ball bearings and nails were found in the wounds of the victims, everyone understood the bombs had been packed with them as projectiles. At every hospital, clinicians considered the possibility of chemical or radiation contamination, a second wave of attacks, or a direct attack on a hospital. Even nonmedical friends e-mailed and texted me to warn people about secondary and tertiary explosive devices aimed at responders. Everyone's imaginations have come to encompass these once unimaginable events.

Hence the grim efficiency with which the city responded. Organizers halted the race. Runners who'd trained for weeks for the event turned away from the finish line in bewilderment but stoic acceptance. The press, for the most part, rightly hesitated to amplify unsubstantiated claims about the identity of the perpetrators. Risks of further attack required assessment. Panic had to be averted. Criminal evidence had to be secured. And above all, victims needed to be saved.

What prepared us? Ten years of war have brought details of attacks like these to our towns through news, images, and the soldiers who saw and encountered them. Almost every hospital has a surgeon or nurse or medic with battlefield experience, sometimes several. Many also had trauma personnel who deployed to Haiti after the earthquake, Banda Aceh after the tsunami, and elsewhere. Disaster response has become an area of wide interest and study. Cities and towns have conducted disaster drills, including one in Boston I was involved in that played out the scenario of a dirty-bomb explosion at Logan Airport on an airliner from France. The Massachusetts General Hospital brought in [Israeli physicians](#) to help revamp their disaster-response planning. **Richard Wolfe at the Beth Israel Deaconess recalled an emergency physician's presentation of the medical response required after the Aurora, Colorado, movie-theatre shooting of seventy people last summer. From 9/11 to Newtown, we've all watched with not only horror but also grave attention the myriad ways in which the sociopathy of killers has combined with the technology of inflicting mass casualty.**

We've learned, and we've absorbed. This is not cause for either celebration or satisfaction. That we have come to this state of existence is a great sadness. But it is our great fortune.

Last year, **after the Aurora shooting, Ron Walls, the chief of emergency medicine at my hospital, gave a lecture titled "Are We Ready?"**

In Boston, it turns out we all were.



Dr Richard Wolfe - smooth operator

so, apparently only one ambulance turns up at the marathon yet 7 patients are in the hospital within 18 minutes??



The Following 4 Users Say Thank You to felixfelix For This Useful Post:

[joanneatom](#), [pinewood](#), [QuidSapio](#), [scrivvler](#)

2 Jun 2013 , 18:02 PM

#105

clive
Moderator



Join Date: 3 Jul 2010

Location: Down Under Land

Posts: 2,178

Threads: 143

Blog Entries: [150](#)

Thanked 4,731 Times in 1,717 Posts



Re: The Alleged Medical Witnesses

No ambulances, this is not a good medical set up.

What would have happened if someone had a massive heart attack?

Wheelchairs, boards and gurneys were used for show.

Too many standing around just talking.

IMHO I would say that those that rushed like a real person and weren't in on the drill were ushered away.

Did notice a couple of blokes that looked like Serino but not clear enough to be definite.

Any man **can overcome adversity**. If you truly want to test a man's character, give him power." — **Abraham Lincoln**

Last edited by clive; 2 Jun 2013 at 20:43 PM. Reason: fixing sentence



The Following 3 Users Say Thank You to clive For This Useful Post:

[do2read](#), [joanneatom](#), [QuidSapio](#)

2 Jun 2013 , 18:22 PM

#106

felixfelix
Writer

Re: The Alleged Medical Witnesses

Join Date: 21 Apr 2013

Posts: 493

Threads: 2

Thanked 1,117 Times in 426 Posts

I'm listening to the creative director of ESPN Digital Media **Daniel Benshoff** bib # 9270 describing his time in the tent. It starts off with a lie, which casts doubt on all he says.

He says he finished about 1:40, the bombs going off about 2:50. The interviewer clarifies that he had been in the tent for 70 minutes when he was receiving treatment in the tent. Benshoff answers "yes". He was there after feeling kind of sick, nauseous, dehydrated and hailed a wheelchair apparently. . Yet the finish camera shows him finishing just before 3:43, only 26 minutes before the explosions, rather than 70 minutes. Difficult to mix up.

"Everyone calm down, this is what we have trained for"
The injuries come into his tent - his wife strangely is with him there with him, apparently, saying it turned into a triage centre, and he saw horrific injuries, with horrific injuries beng wheeled in. He describes it as being 50 feet from the finish line. He descibed two exits from the tent. **[actually, it's rather more than fifty feet]**

I said "You guys are going to need these cots" We started heading towards Boylston Street,because **they wouldn't let us go out, you know, the other entrance, you know towards the other way** so we started heading towards Boylston and we were at the end, the far end of the tent and started walking towards, you know, Boylston Street within the tent and just started passing people coming in,you know, right and left and people running back out with wheelchairs, with you know ATVs like golf cart type things. It probably took us five, six, seven minutes to get from where we were out to the entrance..."

<http://espn.go.com/video/clip?id=9175656>

I think he gives the game away - two exits from the tent; One for real patients, and a special exit...was he in there to report??

the screenshot below shows the back, south entrance of the medical tent in Dartmouth Street, with probably the same photo shoot of ambulances seen in the post #104
<https://maps.google.co.uk/maps?q=667...2,180.48,0.01>



Scene At Boston Marathon Medical Tent



2:47 / 6:01



The Following 3 Users [joanneatom](#), [Paula](#), [QuidSapio](#)
Say Thank You to [felixfelix](#) For This Useful Post:

2 Jun 2013, 18:26 PM

#107

clive
Moderator



Join Date: 3 Jul 2010

Location: Down Under Land

Posts: 2,178

Threads: 143

Blog Entries: [150](#)

Thanked 4,731 Times in 1,717 Posts



Re: The Alleged Medical Witnesses

50 feet from the finish line - I would love to buy land from this guy 🇺🇸🇺🇸

Any man **can overcome adversity**. If you truly want to test a man's character, give him power." — **Abraham Lincoln**



The Following 3 Users [felixfelix](#), [joanneatom](#), [QuidSapio](#)
Say Thank You to [clive](#) For This Useful Post:

2 Jun 2013, 18:44 PM

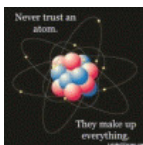
joanneatom
Free Mind

Re: The Alleged Medical Witnesses

Quote:

Originally Posted by [felixfelix](#) ➤

*I'm listening to the creative director of ESPN Digital Media **Daniel Benshoff** bib # 9270 describing his time in the t It starts off with a lie, which casts doubt on all he says.*



Join Date: 6 Dec 2012

Location: UK

Posts: 1,089

Threads: 10

Thanked 2,361
Times in 840 Posts



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the screenshot below shows the back, south entrance of the medical tent in Dartmouth Street, with probably the s. photo shoot of ambulances seen in the post #104
[\[https://maps.google.co.uk/maps?q=667...2,180.48,,0.0\]](https://maps.google.co.uk/maps?q=667...2,180.48,,0.0)





Nice work Felix. He could of been talking about just the front and rear exits. The fact that he makes no reference to a exit gets me thinking. Why make a deal in talking about the problems with the other two, yet not mention a third?

..Never trust an atom...they make up everything....



2 Jun 2013 , 18:52 PM

#109

felixfelix
Writer

Join Date: 21 Apr 2013
Posts: 493
Threads: 2
Thanked 1,117 Times in 426 Posts
■■■■■■■■■■

Re: The Alleged Medical Witnesses

Did the marathon route go right through the tent? Looks like it here:



They're all applauding the wheelchair racer.

http://www.nj.com/independentpress/i..._recounts.html

Before a bomb exploded near the finish line of the Boston Marathon April 15, Ashvin Singh was in the medical tent tending to runners who were suffering typical ailments like dehydration.

"When the patients started coming in, there were people with dismembered limbs and a patient in full cardiac arrest ... one nurse said, 'Put on gloves immediately.' That's when I knew it was really bad," Singh said.

His job was to take information from people as they entered the tent, seeking treatment for what everyone expected would be typical injuries incurred while running a marathon: "exhaustion, hypothermia, sore legs, cramps, over hydration, which cause sodium levels to go down, and to relay that information to the physicians and nurses in the appropriate area of the tent. There were 18 different areas in the tent to treat the various injuries," he said. After the explosions a triage area was set up, with the most severely injured being taken to the end of the tent where the ambulances could reach them.

Singh said he helped transport patients away from the area of the tent closest to the explosion and took information on others



The Following 4 Users
Say Thank You to
felixfelix For This
Useful Post:

joanneatom, Paula, PCGeek, pinewood

2 Jun 2013 , 19:11 PM

#110

felixfelix

Writer

Join Date: 21 Apr 2013

Posts: 493

Threads: 2

Thanked 1,117 Times in 426
Posts



Re: The Alleged Medical Witnesses

Not sure if this was replicated in following years, but in 2008, a second tent, designated B (A being in Dartmouth Street just beyond the finish) was decided upon:

http://www.integratedtrainingsummit...ns_learned.pdf

The Medical plan for this year's marathon will include over 1300 medical volunteers at a variety of locations along the course and in Boston. Finish line medical coverage will include staff at: the finish line, the primary medical tent on Dartmouth Street, elite medical in the Copley Plaza, a medical station at massage therapy in the Dorothy Quincy suites in the old John Hancock Building. This year we have added a second medical tent at the intersection of Berkeley Street and St. James. This new tent will have similar staffing and equipment as compared to the Dartmouth Street medical tent. Currently we are planning to provide 60 to 80 cots or beds for runners needing treatment.

This is two blocks East, one block South, which ties in with some medical witnesses' statements - 1.5 - 2 blocks away from the finish.



The Following 3 Users
Say Thank You to
felixfelix For This
Useful Post:

joanneatom, Paula, scrivler



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[Let's Roll Forums](#) > [The Last American Forum](#) > [Government, Media & Corporate Hoaxes](#) > [The Boston Marathon Bombing Hoax](#)

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The Lets Roll Forums - Top

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